

## GENERAL FACT SHEET

BILL NUMBER 11R-106

BRIEF TITLE	APPROVAL DEADLINE	REASON
EMS Modifications		

## DETAILS

## POSITIONS/RECOMMENDATIONS

Approving modifications to the structure and operation of Emergency Medical Services, Inc. by adopting Restated Articles of Incorporation of the Lincoln/Lancaster County EMS Oversight Authority, Inc. and By-Laws of the Lincoln/Lancaster County EMS Oversight Authority, Inc. to rename the organization and reorganize the agency which will continue to provide medical direction for services, to prepare written standards of treatment and emergency medical care, to recommend dispatch and treatment protocols, to provide quality assessment programs and review, and to make recommendations for improvements to the emergency medical care system.	Sponsor	Mayor
	Program Departments, or Groups Affected	
	Applicants/Proponents	Applicant Jeff Kirkpatrick  City Department Law Department for Mayor's office  Other
	Discussion (Including Relationship to other Council Actions)	Opponents  Groups or Individuals  Basis of Opposition
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

## DETAILS

### POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____ _____
	FINANCES	
	COST AND REVENUE PROJECTIONS	COST of total project: \$ _____ COST of this Ordinance/ Resolution \$ _____
		RELATED annual operating Costs \$ _____
INCREASE REVENUE EXPECTED/YEAR \$ _____		
SOURCE OF FUNDS	CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ %	
	NON CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ %	
	BENEFIT COST	
	<input type="checkbox"/> Front Foot <input type="checkbox"/> Square Foot	Average Assessment \$ _____ \$ _____

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY: Jeff Kirkpatrick, Assistant City Attorney

REFERENCE NUMBER